

Assistance Application Information Booklet

Welcome to the State of Michigan Department of Human Services (DHS)

We have programs to help you and/or your household (all persons living in your home) with food, health care, child care, cash, emergencies and more. We can also tell you about other programs and resources that may help meet your needs. We look forward to helping you and your family.

If you need help with reading, writing, hearing, etc., please tell us. If you need an interpreter, we will provide one or you may bring your own.

Steps to Assistance

- Step One** - **Read this booklet and keep it.** It tells you about our programs and has important information. **When you sign the Assistance Application, you agree to the rules in this booklet.**
- Step Two** - **Answer the questions on the application.** We need your answers to decide what help you can get. You can apply for all or some of our programs.
- Step Three** - **Bring, mail or fax your Assistance Application to your local DHS office.** You can find the address and phone number to your local office in your phone book under the state government section, or online at www.michigan.gov/dhs-countyoffices.
- Step Four** - **For some programs we may need to talk to you, or ask for more information.** We will let you know if we do.
- Step Five** - **We will send you a letter** in the mail telling you if you are approved or denied. **Keep this letter.** It has important information including the name and phone number of your worker.

You have the right to apply for help today. The date DHS receives your Assistance Application or Filing Form may affect the date your benefits start.

If you cannot finish the whole application today, you may turn in the Filing Form on page xx of this booklet (and online at www.michigan.gov/dhs-forms) or you may turn in the incomplete application, as long as it has:

- Your name
- Your address (unless homeless)
- Your signature or your representative's signature (someone filing for you)

Before you can be approved for help, you must finish the Assistance Application.

The Department of Human Services will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to an DHS office in your county.

El Department of Human Services no discrimina contra ningún individuo o grupo a causa de su raza, sexo, religión, edad, origen nacional, color de piel, estatura, peso, estado matrimonial, creencias políticas o incapacidad. Si usted necesita ayuda para leer, escribir, oír, etc., bajo la Acta de Americanos con Incapacidades, usted está invitado a hacer saber sus necesidades a una oficina de DHS en su condado.






لن تقوم Department of Human Services بالتمييز ضد أي فرد أو مجموعة بسبب العرق، الجنس، الديانة، العمر، المنشأ الوطني، اللون، الطول، الوزن، الحالة الزوجية، المعتقدات السياسية أو الإعاقة والعجز. إن كنت تحتاج مساعدة في القراءة، الكتابة، السمع، إلخ، ندعوك بموجب قانون Americans with Disabilities Act أن تعلن عن احتياجاتك إلى مكتب FIA في الكاونتي (المحافظة) التي تعيش فيها.

Worker Name and Phone Number

Local Office Address:

Timely Decisions

We must make timely decisions to approve or deny your application within the following standards (from the date your Assistance Application or Filing Form is received in the local office):

Program Symbols	DHS Programs	Standards
	Food Assistance	
	• Expedited Food Assistance	07 days
	• Food Assistance Program	30 days
	Medical Assistance	45 days
	• With a medical decision on disability	60 days
	Child Development and Care	45 days
	Cash Assistance	
	• Family Independence Program	45 days
	• Refugee Assistance Program	30 days
	• State Disability Assistance	60 days
	State Emergency Relief	10 days



7-Day Processing of Food Assistance Program (FAP) Benefits

Your household may qualify for 7-day processing of your Food Assistance application if:

- you have less than \$150 in monthly gross income and \$100 or less in liquid assets (cash on hand, checking or savings accounts, savings certificates), **or**
- your combined gross income and liquid assets are less than your monthly rent and/or mortgage payment plus heat and utilities, **or**
- you are a **destitute*** migrant or seasonal farmworker with less than \$100 in liquid assets.

* **Destitute** means that your income **stopped** before the date you apply, or your income **has**

started but you expect to receive no more than \$25 within the next 10 days.

If your household qualifies for 7-day processing, you will also need to:

- participate in an interview, **and**
- provide proof of your identity, **and**
- complete the entire application process.

To continue receiving Food Assistance benefits, you will be asked to provide proof of other information (like income, residency, etc.) If you provide the proof when you apply you may be given a longer Food Assistance benefit period.

FAP Interviews

INTERVIEW. A face-to-face interview may be waived and replaced by a telephone interview if household hardships exist. These hardship conditions include, but are not limited to:

- illness,

- transportation difficulties, or
- work hours which prevent participation in an in-office interview.

Contact your worker if you believe a telephone interview is necessary.

We May Need Proof

For most programs, FIA will need verification (proof) of your household's income. If you have proof, send or bring it with your application. Some ways to prove income are:

- ☐ Payroll stubs ☐ Child support receipts
- ☐ Social Security statements
- ☐ Self-employment records of income and costs

If we need proof, we will send you a Verification Checklist.

For some programs, we **MAY** need proof of:

- ☐ Age ☐ Immigration status
- ☐ Current medical insurance card
- ☐ Pregnancy
- ☐ School enrollment, anyone age 16-19
- ☐ Income that recently started or stopped
- ☐ Assets (cash on hand, checking and savings accounts, credit union accounts, etc.)

If you need help getting proof, ask your case worker.

Before you sign the application, read this booklet.

When you sign the application, you agree to the rules we explain in this booklet.

DIRECTORY

Programs We Offer

Food Assistance Program (FAP).....	4	Cash Assistance (FIP, RAP).....	7
Medical Assistance (MA).....	4	State Disability Assistance (SDA).....	7
Adult Medical Program (AMP).....	5	State Emergency Relief (SER).....	9
Resident County Hospitalization.....	5	Child Support Services.....	9
Child Development and (CDC).....	6		

Other Programs

<i>Early On</i> ®.....	10
Employer Sponsored Insurance Option.....	xx
Low Income Home Energy Assistance Program (LIHEAP).....	10
- Weatherization Assistance Program (WAP).....	10
- Home Heating Credit (HHC).....	10

Things You Must Do

Give Accurate Information and Report Changes.....	11
Repay Extra Benefits.....	11
Provide Social Security Numbers (except some non-citizens).....	11
Pursue Other Benefits.....	12
Cooperate with Paternity and Child Support Actions (FIP, FAP, MA).....	12
Get Immunizations (Shots) for Children Under Age 6 (FIP).....	12
Follow Labor Laws if Your Child Care Provider Works in Your Home (CDC).....	12
Follow Work Rules (FIP, FAP).....	13

Important Things to Know

Domestic Violence Survivors.....	x	Persons with Disabilities.....	x
Non-citizens.....	x	Non-Discrimination.....	x
Hearings.....	x	Electronic Benefits Transfer (EBT).....	x

Penalties for Fraud or Intentional Program Violation (FAP, FIP, SDA).....

If You Receive Tribal Benefits (FAP, FIP).....

Benefits You Must Give Us As Repayment

Recovery of Medical Costs (MA, AMP).....	16
First Supplemental Security Income (SSI) Payment (SDA).....	16
Child Support (FIP).....	16

If You Receive Support Payments (Child Support Services).....

Information About That Will Be Shared.....

Web Site References/Publications.....

Filing Form.....

Voter Registration Application and Instructions.....

Before you sign the application, read this booklet.

Programs We Offer



Food Assistance Program (FAP)

The Food Assistance Program (FAP) provides benefits that can be used to buy food (or seeds and plants to grow your own food). People of all ages may qualify for FAP.

You may be eligible for FAP benefits if you have:

- low income, or
- fixed income.

Assets (savings, property, etc.) are not counted for the FAP program.

Income

FAP eligibility and benefit amounts are based on your budgeted income and household size. When we budget your income, we make some **deductions** and consider **allowable expenses** (see below).

Deductions from countable income:

- 20 percent of earned income,
- a standard deduction based on the group size.

Allowable expenses:

- medical expenses over \$35 a month not

paid by a third party (for persons age 60 or older, or receiving federal disability benefits)

- some housing and utility costs,
- some child care costs and costs for care of persons with disabilities,
- court ordered child support paid for a child outside of the household.

To get a deduction for an allowable expense, you must report it and provide proof if asked by your caseworker. If you do not report or prove the expense, we assume you do **not** want to receive a deduction for the expense.

If your heat is included in your rent, and you receive or expect to receive the Home Heating Credit, tell us on your application. If you do not tell us about the credit, we will assume you do **not** want to receive a deduction for heat expenses.

Program Requirements:

- **Work / Education** - see page XX
- **Child Support** - see page XX



Medical Assistance (MA)

If you are applying for Medical Assistance, we must give you a “_____” booklet, with more complete information about Medicaid. Contact your local DHS office if you do not receive this booklet.

We have many health care programs for children, families and adults. Our goal is to make sure essential health care services are available to people who cannot pay for them.

Assets and income rules are different for different groups and Medical Assistance programs.

If you have other health insurance or coverage, you may still qualify for Medicaid. Your medical providers (doctors, hospitals, etc.) will have to bill the other insurance first.

You may be eligible for MA if you are (a):

- Family Independence Program recipient, or
- Supplemental Security Income recipient, or
- Financially eligible and:
 - under age 21
 - age 65 or older
 - pregnant
 - blind or disabled, or

- a parent(s) or close relative living with and acting as a parent for a child. *
- * The child must be under age 18, or a full-time high school student graduating before age 20.

Assets. Assets are counted for some programs. Many children, pregnant women and families can get MA with no limit on assets. If you have income from employment, it may be easier to get or keep MA if you meet the asset limit for “Low Income Family” MA.

For MA based on age (65 or older), disability or blindness, your assets must be below a limit for at least one day in the month that you ask for medical help.

(continued on next page)

If you are over the asset limit, you may be able to get help if you use the excess assets to pay bills. We may ask for proof of how you used excess assets.

Income. Each MA program has income limits. The limits depend on the program, who lives with you and where you live. If your income is over the limit:

- you may still get help if you give us proof of your medical expenses.
- we may give you “spend-down Medicaid.” A spend-down is like a deductible.

Getting your medical bills paid.

Choose a provider who will accept Medical Assistance. Not all providers accept MA. If you are applying for MA, tell your medical providers (doctors, hospital, pharmacy, etc.) before you receive any medical services.

If you are eligible for help, we will send you a “**mihealth**” card. Each eligible person in your family will get their own card. **Do not throw this card away.** If your mihealth card is lost, stolen or damaged call: 1-800-642-3195.

Give your medical providers a copy of your mihealth card or approval letter as soon as you get it. They need this information to bill us for your covered services. Your providers must bill us within 12 months from the date you received their services. If they miss the 12 month limit, we may not pay the bill, **except** when the delay is because you asked for a hearing to get MA.

Help for past months. We may approve MA for up to three (3) months before the month you applied. If we do, ask your providers to bill MA for services you received before we approved your application. If you pay for services before your application is approved, ask your health providers to refund your money and bill Medicaid. Providers do not have to give refunds, but many will.

Program Requirements:

- **Work / Education** - see page XX
- **Child Support** - see page XX

Adult Medical Program (AMP)

AMP helps pay for basic medical care for low income adults. You must be enrolled in the plan to receive AMP benefits. Additional services may be available through a county health plan.

You may be eligible for AMP if you are not eligible for Medical Assistance (Medicaid) and you have:

- cash assets of \$3,000 or less, and
- low income (we deduct the first \$200 + 20% of income from work and any child support paid out).

Limited enrollment. We limit the number of people who can receive AMP in Michigan. When we reach the limit, we may deny your application, even if you meet the eligibility rules.

AMP Employer Sponsored Insurance Option. If your employer offers health insurance, the AMP program may help pay your insurance premium. Instead of receiving AMP, you will receive a voucher (equal to the cost of AMP) to put toward your share of the cost to enroll in your employer’s health insurance plan.

Resident County Hospitalization (RCH)

Resident County Hospitalization (RCH) helps low income individuals who cannot pay for medical care when they are in the hospital overnight. Local DHS offices run the RCH program in every county except Wayne.

You may be eligible for RCH if you are low income and do not have other insurance to pay for inpatient hospital care. Each county sets its own financial eligibility rules. **For more information,** contact your local DHS office.

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Child Development and Care

The Child Development and Care (CDC) program helps pay for the cost of child care.

You may be eligible if you are:

- A licensed foster parent requesting care for foster children.
- A member of a DHS protective or preventive services case participating in a treatment plan.
- A Family Independence Program (FIP) or Supplemental Security Income (SSI) recipient.
- A FIP applicant doing a required Michigan Works! Agency (MWA) activity.
- A low-income family.

You must need child care because of:

- Work
- High school completion classes (including General Equivalency Diploma, Adult Basic Education, and English as a Second Language)
- Approved education or training
- Approved treatment activities for a health of social condition

The child care must be provided in Michigan by a:

- Licensed child care center
- Licensed group day care home
- Registered family day care home
- DHS enrolled* adult day care aide providing care in the child's home
- DHS enrolled* adult relative care provider providing care in his/her own home. (The relative must be a grandparent/step-grandparent, great-grandparent/step-great-grandparent, aunt/step-aunt, uncle/step-uncle, or sibling/step-sibling of the child needing care and must **not** live in the same home as the child.)

* Enrollment is not allowed if the provider is:

- Convicted of certain crimes.
- On the Central Registry for child abuse or neglect.
- A relative care provider living with an adult who is on the Central Registry.

How much money can you make and still be eligible?

FIP and SSI recipients, licensed foster parents, prevention and children's protective services families are eligible without an income determination. Eligibility for all other families is based on gross monthly income. Use the table below to get an idea if you may be eligible.

Family Group Size	Gross Monthly Income
1&2	\$0-1607
3	\$0-1990
4	\$0-2367
5	\$0-2746
6	\$0-3123
7	\$0-3500
8	\$0-3877
9	\$0-4254
10+	\$0-4634

What does DHS pay?

DHS child care rates range from \$1.35 an hour to \$3.00 an hour per child based on the type of provider, where you live and the child's age.

If you are eligible because you are a low-income family, we pay 70% to 95% of child care costs up to the DHS maximum rate. The percentage depends on your monthly gross income. For other eligible families, we pay 100% of child care costs up to the DHS maximum rate.

You are responsible for any child care costs not paid by DHS.

Resources:

For more information about the Child Development and Care Program, ask for "Michigan Cares for Today's Child," DHS Publication 798, or go to:

www.michigan.gov/daycare.

If you need help finding an eligible child care provider, contact your local Community Coordinated Child Care (4C) agency at: 1-866-424-4532



FIP/RAP Cash Assistance

The main goal of our cash assistance programs is to help families become self-supporting and independent.

- **Family Independence Program (FIP)** - temporary cash assistance to needy families with minor children.
- **Refugee Assistance Program (RAP)** - temporary cash assistance for persons recently admitted into the U. S. as refugees.

To qualify for cash assistance you must have:

- Low income AND
- Cash assets less than \$3,000

You may be eligible for FIP if you are:

- Pregnant, or
- A parent, legal guardian, or relative acting as a parent for a child under the age of 18, and
- Not receiving cash benefits from another state

You may be eligible for RAP if you are:

- A refugee (or someone treated as a refugee)* as determined by the Bureau of Citizenship and Immigration Services (BCIS)

- Within 8 months of date of entry to U.S.
- Not eligible for FIP
- * Ask your local DHS office if you are unsure if you are considered a refugee.

The FIP/RAP Grant Amount is based on your:

- Family group size
- Total countable income from all sources*
- Child support expenses paid by your group
- * We deduct the first \$200 + 20% of your earnings.

Child Support payments. If support payments are collected for children on the FIP grant, we will send you the first \$50 per month that is collected. We will keep the rest (see page XX). If the child support collected is more than the amount you are receiving from your FIP grant, we will close your FIP case so you can receive the support payments directly.

Program Requirements:

- **Work / Education** - see page XX
- **Child Support** - see page XX
- **Immunization** - see page XX

SDA Cash Assistance

The State Disability Assistance (SDA) program provides cash assistance to meet the basic needs of a **disabled*** person or a person caring for a **disabled*** person.

You may be eligible for SDA if you are:

- married, or unmarried, and do not have any dependent children
- 65 or older, or
- permanently or temporarily **disabled***, or
- taking care of a **disabled*** person who lives with you.

AND you have

- cash assets of \$3,000 or less, and
- very low income

* **For SDA, "disabled" means:**

- age 65 or older, or
 - unable to work for 90 days or more, because of a medical condition, or
- receiving Supplemental Security Income (SSI) or Social Security disability benefits, or
- receiving Medicaid based on disability or blindness, or
- receiving special education services, or
- receiving Michigan Rehabilitation Services, or
- diagnosed as having AIDS, or
- living in an Adult Foster Care Home, a Home for the Aged, a County Infirmary or a Substance Abuse Treatment Center.